



Maryland

DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 – 4792

LICENSEE CERTIFICATION OF RESPONSIBILITY

I, _____, surviving spouse of _____,
Applicant Printed Name Deceased Mortician Printed Name

do hereby make application for a surviving spouse license under the supervision of

_____ and agree to abide by the laws governing the practice
Supervising Mortician Printed Name

of mortuary science in the State of Maryland.

Applicant Signature

NOTARIZATION

STATE: _____

CITY/COUNTY: _____

I HEREBY CERTIFY that on this _____ day of _____, 20____, before me, a
Notary Public of the State and City/County aforesaid, personally appeared _____
Applicant
and made oath in due form of law that signing the foregoing Application for Licensure was the voluntary
act and deed of _____.
Applicant

AS WITNESSETH my hand and Notarial Seal.

SEAL

Notary Public

My Commission Expires: _____